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**OFFICIAL**TO: Commissioner for Patents  
Attn: Examiner John G. Savage et al.  
Patent Examining Corps  
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Alexandria, VA 22313-1450FROM: George H. Gates  
OUR REF.: 8879.00  
TELEPHONE: (310) 642-4146Total pages, including cover letter: 13PTO FAX NUMBER: (703) 872-9326

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|                                |                                  |
|--------------------------------|----------------------------------|
| Title of Document Transmitted: | AMENDMENT UNDER 37 C.F.R. §1.111 |
| Applicant:                     | John G. Savage et al.            |
| Serial No.:                    | 09/710,343                       |
| Filed:                         | November 9, 2000                 |
| Group Art Unit:                | 3621                             |
| Our Ref. No.:                  | 8879.00                          |

Please charge all fees to Deposit Account No. 14-0225 of NCR Corporation, the assignee of the present application.

By: GHGName: George H. Gates  
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Signature GHGDate 11/20/03

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G&amp;C 160.29-US-01

Due Date: November 20, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John G. Savage et al. Examiner: Daniel L. Greene  
Serial No.: 09/710,343 Group Art Unit: 3621  
Filed: November 9, 2000 Docket: 8879.00  
Title: SELF-SERVICE TERMINAL

**CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that this correspondence is being filed via facsimile transmission to the U.S. Patent and Trademark Office on November 20, 2003.

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- ☒ Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.  
☒ Amendment Under 37 C.F.R. §1.111.

**CLAIMS PRESENT**

| Claims Remaining:            | Highest Number<br>Previously Paid For: | Number<br>Extra | Rate      | Fee      |
|------------------------------|--|-----------------|-----------|----------|
| Total Claims                 |  |                 |           |          |
| 15                           | 20                                     | 0               | x \$18.00 | = \$0.00 |
| Independent Claims           |  |                 |           |          |
| 5                            | 6                                      | 0               | x \$86.00 | = \$0.00 |
| MULTIPLE DEPENDENT CLAIM FEE |  |                 |           | \$0.00   |
| TOTAL FILING FEE             |  |                 |           | \$0.00   |

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